

Domestic Geographic Name Proposal—U.S. Board on Geographic Names

Use this form to propose a feature name, suggest a name change, or indicate that a name is incorrectly applied.

Please fill out both sides of the form as fully as possible.

For more information about the Geographic Names Information System (GNIS), visit our Web site at http://mapping.usgs.gov/www/gnis, e-mail bgnexec@usgs.gov, or contact the U.S. Board on Geographic Names at 703-648-4544.

Return this form to:

Executive Secretary
U.S. Board on Geographic Names
U.S. Geological Survey
523 National Center

Reston, VA 20192 Fax: 703-648-4549

		rax. 703-040-4049			
Action Requested:	Proposed Name				
☐ Proposed New Name	State				
□ Name or Spelling Change	County or Equivalent				
☐ Apply Existing Name to Different Feature					
☐ Other	Administrative Area				
Type of Feature (stream, mountain, populated pla	ce, etc.):				
Is the feature identified (even by other names) in ☐ Yes ☐ No ☐ Unknown I	the Geographic Names Information System (f yes, please indicate how it is listed:				
Description of Feature (physical shape, length, w	vidth, direction of flow, etc.):				
Specific Area Covered: Please provide a map if	possible.				
Latitude: N. S.	Longitude:°" W. E.	Mouth or Center (circle one)			
Latitude:° N. S.	Longitude:°" W. E. Source of Stream or Valley				
Section(s) Township(s)	Range(s)	Meridian Elevation	ft/m		
Maps and other sources using <u>Proposed</u> Name (include scale and date)	Other names (variants) that have been or are used for this feature	Maps and other sources using other (variants) or applications (include scale and date)			
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	-				
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Name Information (such as origin, meaning of the living individuals), nature of usage or application,	proposed name, histori or any other pertinent in	cal significance, biograph nformation):	nical data (if commemorative	—no names for
Is the proposed name in local usage?	□ Yes □ N	o If yes, for approxima	ately how many years?	_
Is there local opposition to, or conflict with, the proposed name? Yes No (If yes, explain)				
Additional information				
Additional information:				
Copy Submitted By (name):		Title	Telephone (day)	Date
Company or Agency		Address (City, State, and ZIP Code)		
			1	
Copy Prepared By (if other than above):		Title	Telephone (day)	Date
Company or Agency		Address (City, State, and ZIP Code)		
Authority for Proposed Name	Mailing Address and Telephone		Occupation	Years in Area
			-	
			-	